

Lori A. Mateer, M.A., L.P.C.
8321 Sangre De Cristo Suite 202
Littleton, CO 80127
303.868.6828

Authorization for Release of Information

RE: _____ Date of Birth: _____

RE: _____ Date of Birth: _____

This is to authorize: _____

Address City State Zip

To disclose and release any information, including psychiatric and psychological records of the individual named above to _____ who is authorized to discuss all matters pertinent to the progress of the client.

This information is considered instrumental to the ongoing evaluation and treatment of this client and to provide a continuity of care.

Information to be requested includes:

- | | |
|--|--|
| <input type="checkbox"/> Psychiatric History | <input type="checkbox"/> Insurance: Continuity of care |
| <input type="checkbox"/> Psychotherapy History | <input type="checkbox"/> Rehabilitation Records |
| <input type="checkbox"/> Educational Records | <input type="checkbox"/> Legal Records |
| <input type="checkbox"/> Medical Information | <input type="checkbox"/> Ministry Readiness |

Date: _____ Signature: _____
(This authorization is valid for Client, Parent, Guardian
The period of one year from
the above date.)

Witness: _____ Signature: _____
Client, Parent, Guardian